

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	SELF-LOCKING STRAP ASSEMBLY
Attorney Docket Number::	S93.12-0001
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	FIG. 1
Total Drawing Sheets::	10
Small Entity?::	Yes

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Stephen W.
Family Name::	Johnson
City of Residence::	Columbia Heights
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing address::	5029 6th Street NE
City of Mailing address::	Columbia Heights
State of Province of mailing address::	MN
Postal or Zip Code::	55421

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Christopher J.
Family Name::	Voges
City of Residence::	Eden Prairie
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing address::	13053 Crimson Clover Lane

City of Mailing address:: Eden Prairie  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55347

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Timothy D.  
Family Name:: Callahan  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 550 36 1/2 Ave NE  
City of Mailing address:: Minneapolis  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55418

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Jason A.  
Family Name:: Doolittle  
City of Residence:: Shoreview  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 1021 Carmel Court  
City of Mailing address:: Shoreview  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55126

**Correspondence Information**

Name:: Todd R. Fronek  
Street of mailing address:: Westman, Champlin & Kelly  
900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis  
 State or Province of mailing address:: MN  
 Postal or Zip Code of mailing address:: 55402-3319  
 Phone number:: 612/334-3222  
 Fax number:: 612/334-3212

**Representative Information**

Representative Designation::	Registration Number::	Representative Name:
Primary	20147	Nickolas E. Westman
Primary	34797	Judson K. Champlin
Primary	34847	Joseph R. Kelly
Primary	36188	Steven M. Koehler
Primary	34557	David D. Brush
Primary	38354	John D. Veldhuis-Kroeze
Primary	39758	Theodore M. Magee
Primary	35612	Deirdre Megley Kvale
Primary	42413	Christopher R. Christenson
Primary	41885	Brian D. Kaul
Primary	45466	Nathan M. Rau
Primary	45844	Christopher L. Holt
Primary	45956	Alan G. Rego
Primary	48516	Todd R. Fronek
Primary	49027	Linda P. Ji
Primary	53675	Leanne R. Taveggia
Primary	24383	Robert M. Angus
Primary	32015	David C. Bohn
Primary	30214	Z. Peter Sawicki
Primary	48774	Peter J. Ims
Primary	51655	Bryan F. Erickson

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Is an application claiming the benefit under 35 USC 119(e)	60/439,789	01/13/2003

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

**Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::